UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

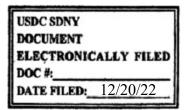
AZIZ SALAAM,

Plaintiff,

-against-

CITY OF NEW YORK, et al.,

Defendants.



22-CV-4155 (JPO) (BCM)

ORDER

BARBARA MOSES, United States Magistrate Judge.

The Court notes that its orders at Dkts. 14, 16, 18, and 19 were mailed to plaintiff at the Anna M. Kross Center on Riker's Island, which is the address he provided when he filed this action, but all four of those documents have been returned, most with the notation "inmate not in system." Similarly, the Court has been unable to locate plaintiff in the online database listing inmates and detainees housed at Riker's Island. Consequently, the initial case management conference scheduled for January 25, 2023 (see Dkt. 19) is hereby ADJOURNED sine die.

Plaintiff is reminded that it is his obligation to pursue this action diligently, including by updating the Court when and if his address changes and providing a current address where he can receive mail sent by the Court or other parties. It is hereby ORDERED that plaintiff shall, no later than **January 20, 2023**, update his address with the Court, using the attached Notice of Change of Address form. The form may be mailed or delivered to the Pro Se Intake Unit, Room 105, United States Courthouse, 40 Centre Street, New York, NY 10007.

If plaintiff fails to update his address as required, or fails thereafter to pursue this action diligently, **the case may be dismissed**.

Dated: New York, New York December 20, 2022

SO ORDERED.

BARBARA MOSES United States Magistrate Judge

IH-34 Rev:2014-1

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

| Aziz Salaam | | | 00 445 | .C 100 004 |
|--|-------------------------|------------|-----------------------------|------------------|
| (List the full name(s) of the plaint | iff(s)/petitioner(s).) | | 22 _{CV} 415 | $\frac{15}{100}$ |
| -against- City of New York, Commissioner | | | NOTICE OF CHANGE OF ADDRESS | |
| | | | | |
| (List the full name(s) of the defen | dant(s)/respondent(s).) | | | |
| Name (Last, First, MI) | | | | |
| | | | | |
| Address | City | | State | Zip Code |
| | | | | |
| Telephone Number | | E-mail Add | dress (if available) | |
| Date | | Signature | | |